TYLOCK NASSER VISION
CATARACT & LASIK EYE SURGERY

FAX BACK TO "ATTENTION MEDICAL RECORDS"

Tylock Nasser Vision, 3100 N. MacArthur Blvd.,
Irving, Texas 75062 Phone: (972) 258-6400
Fax: (972) 570-1103 www.Tylock.com

I authorize Tylock Nasser Vision and affiliated practices to disclose and use a copy of the specific health record information described below regarding:

Patient Name:	Date of Birth:
Patient Representative Name:	Primary Ph. #

I authorize my personal health records to be disclosed to the following:

Disclosing Records **To**:	Requesting Records **From**:
Recipient's Address:	Address:
City/State/Zip:	City/State/Zip:
Phone	Phone:
Fax:	Fax:

From the range of dates from (Approx.): _____ to _____

For information relating to the following diagnosis or surgery: _____

The Doctor Treating Me At Tylock Nasser Vision Is: _____

To help save time and paper, please checkmark the items that you would like copies of disclosed:

☐ Recent Exams	☐ Surgical Operation Notes
☐ History & Physical Exam	☐ Other (Please List Below, Be Specific):
☐ Diagnostic Exams and Maps	
☐ Financial Information	
☐ Progress Notes (Diabetes, Glaucoma, etc)	

Administrative Fee: My health information is being disclosed to:

Patient ($25.00 fee) Credit Card Information: Type: VISA MC DISCOVER AMEX Number: _____ Expiration: _____ CVV Code (3 Digit On Back): _____ Corresponding Zip Code: _____	Physician or medical office ($0.00 fee) Please Circle One: FAX or MAIL	Military or USMC ($0.00 fee) Name Of Military Officer: _____ Fax or Mail

Requesting for the purpose of: _____

Unless revoked, this authorization expires in 180 days or on this date: _____

Patient Signature: _____ / Date: _____

** I understand and agree that the following information below will be disclosed and included in my full medical record. When I sign for my medical records to be disclosed to an outside medical facility, the possibility of the following might be included if discussed with your doctor at Tylock Nasser Vision: HIV/AIDS Treatment and Status, Genetic Testing, Mental Health Specifics, and Drug/Alcohol information disclosed to our office. Medical records requests are processed in our office on a first come first serve basis. ** We work quickly, but have the ability to comply with a request up to 10 business days after it is submitted correctly and fully. The doctor must review your chart for all accuracy and completeness before we send the notes, making the process regimented and with requirements that take time. Please be patient, we will get your request done as soon as possible.